

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	GG	12/29	10/29
RESPONSE FORMALITY REVIEW	31	1021	11-14-01
			02/26/02

INDEX OF CLAIMS

**BEST AVAILABLE COPY** .....

Rejected N ..... Non-elected

Allowed I ..... Interference

— (Through numeral) Canceled A ..... Appeal

÷ ..... Restricted O ..... Objected

Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions  
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